FEC FORM 9 24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Individual,	Organization o	r Qualified Non	profit Corp	oration Ma	king the Disbur	sement/Obligation		
(a) Name								
Latinos for I	Reform			<u> </u>				
P O Box 26366						2. FEC Identific	ation Number	
(c) City, State Alexandria	(c) City, State and ZIP Code Alexandria VA 22313					C C00000000		
(d) Name of E	mployer or Principa	l Place of Business			(e) Occupation	n		
		New			^M 1 0	′ °31 ′ °20	o [*] 8 [*]	
					vering Period through			
		Amended			^M 1 1 ^M	03 20	o [*] 8 [*]	
5. (a) Date of Public Distribution(s) M M O O O O O O O O O O O O O O O O O								
6. The filer is a(n): (a) Individual (b) X Unincorporated Organization (c) Qualified Nonprofit Corporation (11 CFR 114.10)								
(d) Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15								
(e)	her, specify:			 -				
7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account?								
8. Custodian	of Records						· · · · · · · · · · · · · · · · · · ·	
(a) Name								
Robert dePo	·							
(b) Address (r 205 N Berry I	umber and street) ane							
	and ZIP Code							
Madison				VA	2:	2727		
(d) Name of E	mployer or Principa	Place of Business			(e) Occupatio	n		
One Marketing & Research Inc					Owner			
					•			
9. Total Donations This Statement						25000.00		
10.Total Disbursements/Obligations This Statement						25645.00		
Under penalty o	f perjury, I certify the	t this statement is tru	e, correct and	complete.				
TYPE OR PRINT NAME OF PERSON COMPLETING FORM Robert dePosada								
SIGNATURE Electronically Filed by Robert dePosada					DATE			